

Statement of Chairman Tom Davis
Committee on Government Reform Hearing
“Stalking a Furtive Killer: A Review of the Federal Government’s Efforts to
Combat Hepatitis C”
December 14, 2004

Good afternoon. I want to welcome everyone to today’s oversight hearing on the significant public health threat posed by hepatitis C. Most people probably do not realize that hepatitis C is now the most common blood-borne viral infection in the United States, affecting nearly 4 million Americans. Hepatitis C is also a leading cause of chronic liver disease – now the 10th leading cause of death among adults in the U.S. In 1998, this Committee held a hearing on the need to improve the nation’s response to hepatitis C. At that hearing, several specific points of action were recommended. Today we will examine what progress has been made in responding to the hepatitis C epidemic; we also hope to identify areas for improvement.

Hepatitis C was only identified 15 years ago, so we still have much to learn about this disease. We have learned that significant obstacles to fighting hepatitis C exist. There is currently no vaccine to shield against the hepatitis C virus. There are vaccines against hepatitis A and B; however, the structure of the hepatitis C virus has proven a difficult puzzle for medical researchers to solve. Today, we will hear from NIH whether it is reasonable to expect the availability of a hepatitis C vaccine in the near future. Pharmaceutical treatments are available, but are only successful about 50 percent of the time under ideal conditions. They also are attended by side-effects so devastating that they often are not an option for many patients with hepatitis C infections.

Second, infection with the hepatitis C virus generally carries no symptoms, but gradually damages the liver over the course of many years or even decades. It is discovered only after a patient exhibits signs of serious liver disease, such as cirrhosis or liver cancer. Since the virus lasts for such a long period of time, it is possible for infected persons to disassociate or even forget about long-ago instances of drug use or other high-risk behavior. Thus, the individual does not address their own illness, nor do they take steps to stem the spread of the virus to others.

A final obstacle is that hepatitis C, while a serious public health issue, remains relatively unknown to the general public. Those affected often come from marginalized populations – intravenous drug users and prisoners, for example – lacking the political organization to effectively raise public awareness about the disease. Public health officials face the challenge of informing, rather than panicking, the public about hepatitis C – a task made even more difficult given our still-evolving knowledge base. It seems to me there is a misperception that hepatitis C is a disease affecting quote-unquote “somebody else.” However, social strata provide no prophylaxis. This misperception underscores the need to establish effective programs to educate both healthcare providers and the public at large about the dangers of hepatitis C and the high-risk activities that spread it.

This hearing sets the stage to review our nation's response to hepatitis C. Several questions we want answered today include: how well are hepatitis C prevention strategies working? Are we screening enough people to identify persons at risk for infection? What progress has been made in the last five years towards the quest for vaccine and developing better and more effective treatments for hepatitis C? How well do federal agencies share pertinent information among themselves and with state health departments?

The current epidemic has challenged our public health system's capabilities and provides us with a chance to evaluate existing prevention, screening, and treatment programs. The Department of Veterans Affairs (VA) has an excellent hepatitis C program and has taken a leading role in managing infection. I am pleased that we have a witness on our first panel to discuss the proactive education, screening, treatment, counseling, and surveillance measures taken by the VA over the past few years. We will take a look at how these programs are being implemented and what lessons can be provided to the general public health community.

In addition to the testimony we will receive from several medical and public health experts, we will hear the personal story of a teenage girl from Fairfax County whose father has hepatitis C. Erika Stein has helped lead a marketing program at her high school to raise awareness and get more federal resources allocated for prevention and research of the disease. We look forward to her testimony.

The Committee hopes to learn from the experiences of those who feel the effects of hepatitis C infection every day. I understand some of our witnesses this morning will express concerns about the success of current hepatitis C prevention efforts and identify areas where improvement is still needed. I look forward to a constructive dialogue on those concerns. I know we all share the same goal at the end of the day—a public health system that can adequately respond to the hepatitis C epidemic.

We have an excellent roster of witnesses today and I would like to thank all of them for appearing before the Committee and I look forward to their testimony.